NAME

Signature

(Print/Type)

Michael

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PTO/SB/50 (4/98)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMENTATION OF COMMENTATIO

REISSUE PATENT APPLICATION TRANSMITTAL

	Attorney Docket No. 105773.0010365						
Address to:	First Named Inventor D. Piccone						
Assistant Commissioner for Patents	Original Patent Number 5,614,737						
Box Patent Application Washington, DC 20231	Original Patent Issue Date (Month/Day/Year) March 25, 1997						
	Express Mail Label No.						
APPLICATION FOR REISSUE OF: (check applicable box) X Utility I	Patent Design Patent Plant Patent						
APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS						
Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. Foreign Priority Claim (35 U.S.C. 119) (if applicable)						
2. X Specification and Claims (amended, if appropriate)	8. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations						
3. X Drawing(s) (proposed amendments, if appropriate)	9. English Translation of Reissue Oath/Declaration (if applicable)						
4. Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	* Small Entity Statement filed in prior application, Statement(s) X- Status still proper and desired						
5. Original U.S. Patent Offer to Surrender Original Patent (37 C.F.R. § 1.178)	(PTO/SB/09-12) 11. Preliminary Amendment						
or	12. Return Receipt Postcard (MPEP 503)						
Ribboned Original Patent Grant	(Should be specifically itemized)						
Affidavit / Declaration of Loss (PTO/SB/55)	13. Other:						
6. Original U.S. Patent currently assigned? X Yes No							
(If Yes, check applicable box(es))	applicable box(es))						
X Written Consent of all Assignees (PTO/SB/53 or 54) X 37 C.F.R. § 3.73(b) Statement Power of Attorney	37 C.F.B. § 3.73(b) Statement Power of (37 C.F.B. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION						
14. CORRESPONDEN	ICE ADDRESS						
Customer Number or Bar Code Label 002779	or Correspondence address below h bar code label here						
Name							
Address							
City State	Zip Code						
Country Telephone	Fax						

Date Burden Hour Statement: This term is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be s.... to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Registration No. (Attorney/Agent)

28,419

PTO/SB/53 (12-97)

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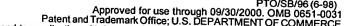
REISSUE APPLICATION BY THE INVENTOR, OFFER TO SURRENDER PATENT

Docket Number (Optional) 105773.00103

This is part of the application for a reissue patent ba	ased on the original patent identified below.
Name of Patentee(s)	
Dante E. Piccone Patent Number	
5,614,737	Date Patent Issued March 25, 1997
Title of Invention MOS-CONTROLLED HIGH-POWER THY	
I am the inventor of the original patent.	•
I offer to surrender the original patent.	
1. K Filed herein is a certificate under 37 CFR	R 3.73(b).
2. Ownership of the patent is in the inventor been made.	r(s), and no assignment of the patent has
One of boxes 1 or 2 above must be checked.	
The written consent of all assignees owning an und this application for reissue.	livided interest in the original patent is included in
Signature X January Pincon	Date 3/16/99
Typed or printed name	
Dante E. Piccone	
The assignee owning an undivided interest in said or and the assignee consents to the accompanying app	olication for reissue. tion
I hereby declare that all statements made herein of n statements made on information and belief are believed were made with the knowledge that willful false state fine or imprisonment, or both, under 18 U.S.C. 1001 jeopardize the validity of the application, any patent is declaration is directed.	ved to be true; and further that these statements ements and the like so made are punishable by and that such willful false statements may
Name of assignee	<u> </u>
Silicon Power Corporation	
Signature of person signing for assignee	Date 3/12/95
Typed or printed name and title of person signing for a	assignee
Harshad Mehta, President and C	CEO

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional)					
·					105773.00103					
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Claims in	۳		r Filed in	(3)		Small I		<u> </u>		Small Entity
	T district T in the second of		****	nber Extra	Rate	Fee	_	Rate	Fee	
(A) 10	Total Claims (37 CFR 1.16(j))	(B) 20			0 =	x \$=		or	x \$=	
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 4			2 =	x \$ <u>39</u> =	78		x\$=	
Basic Fee (37 CFR 1.16(h))					\$ <u>38</u> 0			\$		
					iling Fee		\$ 458		OR	\$
			s as Amen	ided :						
	(1) Claims Remainir After Amendmer	ng nt	Previous	Previously Claims		Small E			T	a Small Entity
Total Claims	***	MINUS	Paid Fo	ť	Present *	Rate	Fee		Rate	Fee
(37 CFR 1.16(j)) Independent	***	MINUS	****		=	x \$= x \$ =	A	or	x \$=	
Claims (37 CFR 1.1	6(1))		To	otal A	Additional		\$		x \$= OR	\$
	(D) is less than the									Ľ
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancelation of claims **** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Please charge Deposit Account No in the amount of A duplicate copy of this sheet is enclosed.										
may be	mmissioner is here required, or credit ate copy of this st	any ove	rpayment to	iarge o De _l	any addi posit Acc	tional fees ount No	under 23-2	37 218	CFR 1.16 35 (105	or 1.17 which .773.00103)
\blacksquare A check in the amount of \$ $\frac{458.00}{}$ to cover the filing / additional fee is enclosed.										
3 22 0 Date	19	(· -/-	Sigr	ature of	Applicant,	Attorna	ey o	or Agent o	f Record
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PTO/SB/96 (6-98)

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STATEMENT UNDER	37 CFR 3.73(b
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Applicant/PatentOwner: Dante E. Piccone
Application No./Patent No.: 5,614,737 Filed/Issue Date: March 25, 1997
Entitled: MOS-CONTROLLED HIGH-POWER THYRISTOR
Silicon Power Corporation ,a corporation ,
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is:
1. the assignee of the entire right, title, and interest; or
2. an assignee of an undivided part interest
in the patent application/patent identified above by virtue of either:
A. [] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel 7608, Frame 0775, or for which a copy thereof is attached.
OR CORE CONTROL OF THE CONTROL OF TH
B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:
1. From: To: To: The document was recorded in the Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached. 2. From: To: To: The document was recorded in the Patent and Trademark Office at
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[] Additional documents in the chain of title are listed on a supplemental sheet.
[] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the PTO. See MPEP 302-302.8]
The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.
3/11/Pr x n.m.
Date Signature
Harshad Mehta Typed or printed name
President and CEO
Title